



13281 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL				1957 S. PTO 10/825159	
Address to:		Attorney Docket No.		□ DUPLICATE	
Commissioner of Patents		KING3002/JEK/JJC		041604	
P.O. Box 1450		First Named Inventor (or identifier)			
Alexandria, VA 22313-1450		Daniel W. King			
Total Pages		29		10/825159	
Transmitted herewith is a patent application under 37 CFR 1.53(b).					
Entitled:	CUTTING HEAD FOR CUTTING A FOOD PRODUCT				
<p><input checked="" type="checkbox"/> 1. Submitted herewith are the following:</p> <p><u>18</u> pages of specification. <input checked="" type="checkbox"/> Abstract. <u>6</u> sheet(s) of drawings. <u>14</u> claim(s). <input checked="" type="checkbox"/> Oath/Declaration signed by each inventor. <input checked="" type="checkbox"/> Application Data Sheet. <input checked="" type="checkbox"/> Preliminary Amendment. <input checked="" type="checkbox"/> Information Disclosure Statement(s). <u>1</u> pages of Form PTO-1449. <input checked="" type="checkbox"/> Assignment of the invention, Cover Sheet, and payment of the \$_____ recordal fee. <input checked="" type="checkbox"/> certified copy of application no. _____ filed in _____. Priority is claimed. <input checked="" type="checkbox"/> check in the amount of \$<u>385.00</u> _____ including any assignment recordal fee.</p> <p><input checked="" type="checkbox"/> 2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.</p> <p><input type="checkbox"/> 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.</p> <p><input type="checkbox"/> 4. Insert before the first sentence of the specification: -- This application claims the benefit of provisional application number _____ filed _____. --</p> <p><input type="checkbox"/> 5. Insert before the first sentence of the specification: -- This application is a Continuation-in-part of nonprovisional application number _____ filed _____. --</p> <p><input type="checkbox"/> 6. Other: _____</p>					
<p>The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Eric S. Spector, Reg. No. 22,495; Felix J. D'Ambrosio, Reg. No. 25,721; Joseph DeBenedictis, Reg. No. 28,502; Benjamin E. Urcia, Reg. No. 33,805; and Justin J. Cassell, Reg. No. 46,205.</p>					
THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee: \$770.00	
Total Claims:	14	- 20 =	0	X \$18 =	
Independent Claims:	1	- 3 =	0	X \$66 =	
Correspondence Address: 23364 Customer Number			Multiple Dependent Claim (add \$290.00):		
			Subtotal: \$770.00		
			50% Reduction if Small Entity Status: \$385.00		
Phone: 703-683-0500			Total: \$385.00		
Date:	Name:		Signature:		
April 16, 2004	JUSTIN J. CASSELL				
				Reg. No. 46,205	